

combinations of the studied polymorphisms can participate in the balancing of MAOA activity.

P01.32 SOCIAL FACTORS AND WOMEN'S MENTAL HEALTH IN RUSSIA

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Mental health problems in women must be analysed within a social and cultural context. Transitional period is going on in Russia and this socio-economical situation has brought changes not only in society but also in families which are vulnerable to challenging situations. Social turbulence is leading to growth of violence in families. The problem reflects culturally determined mentality of Russian women who are very patient and tough from early childhood not to show personal feelings in public, Meanwhile domestic abuse against women often results in long term mental health problems, A research has been carried out off the basis of psychiatric and forensic psychiatric assesment of 2 groups of women who had a long history of violence by their husbands. Women of the first group suffered from depression and have committed attempted suicides. Another group of victims of domestic violence responded by killing their husbands. Thus the study reveals psychogenic causes of homocides and suicides in women.

P01.33 EVENT-RELATED POTENTIALS AND NEUROPSYCHOLOGICAL TESTS IN OBSESSIVE-COMPULSIVE DISORDER

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Background: As in previous studies event-related potentials (ERP) have revealed evidence for abnormal cognitive processing in OCD, in this study it was aimed to investigate the cognitive functions of the patients with obsessive-compulsive disorder (OCD) by the help of event-related potentials and some neuropsychological tests.

Methods: Event-related potentials were recorded in a group of thirty one unmedicated OCD patients without depression and thirty normal controls for verbal auditory stimuli in an oddball paradigm. The neuropsychological tests specified for frontal lobe functions were applied in all individuals: Stroop Test, Trail Making Test, Design Fluency Test, Controlled Word Association Test.

Results: The patient group showed shorter P300 duration when compared with normal controls on ERP measures ($p = 0.002$, t -test). No significant differences were found in neuropsychological tests between two groups. Positive correlation was found between Stroop duration and P300 amplitudes in some regions. There was a negative correlation between Stroop duration and the mean P300 amplitudes in occipital ($p = 0.048$, Pearson correlation test), parietal ($p = 0.029$) and temporal anterior regions ($P = 0.016$).

Conclusion: The shorter P300 duration may indicate alteration in cognitive functions as in attention, decision making and going into details.

P01.34 DISABILITY PENSION AMONG PSYCHIATRIC OUTPATIENTS WITH MAJOR DEPRESSION

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Background: Depression is the fourth most important cause of global burden of disability in a recent study by the WHO. Today, depression is the most important single illness leading to permanent disability pension in Finland. We studied to what extent major depression (MD) leads to permanent disability pension and whether any associated factors with being pensioned off exist among the psychiatric outpatients with MD.

Design: A total of 213 adult psychiatric outpatients with first-time documented DSM-III-R MD were retrospectively followed up based on chart reviews with excellent diagnostic kappa-values of 0.92/0.95 (1). Several sociodemographic, clinical and treatment characteristics were detected during the follow-up time of 3 months' medical care. This information was related to official registers of granted pensions with a follow-up time of 30 months.

Results: The mean (sd) age of the patients was 40.8 (11.7) years. Of the patients 58% were women, 22% severely depressed, and 40% received probably inadequate pharmacotherapy according to given dosage and duration (2). Forty-six (22%) patients were pensioned during the 30 month follow-up. In a multivariate survival analysis greater age (≥ 43 yrs, $p = 0.01$), somatic comorbidity ($p < 0.001$), and lowered self-esteem ($p = 0.008$) were associated with being granted a pension.

Conclusions: Work restoration of depressive patients demands careful assessment of risk factors in an early phase of treatment. Especially, lowered self-esteem may be a target symptom of a more hidden nature. It may partly explain why work recovery takes longer than general symptom relief (3). Future prospective research on the effect of longer treatment procedures of MD on work ability is needed.

- (1) Sorvaniemi et al. *Psych Services* 1998; 49: 384–86.
- (2) Sorvaniemi et al. *Nord J Psychiatry* 1998; 52: 155–61.
- (3) Mintz et al. *Arch Gen Psychiatry* 1992; 49: 761–68.

P01.35 AGGRESSION IN MILD RETARDED PEOPLE AS FAMILY PROBLEM REFLECTION

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The actuality of investigation of aggressive behavior of mild retarded young people (MRYP) is determined by unstudying of the problem and serious medical and social consequences such as rising of criminal among MRYP and deep social-psychological desadaptation. 105 MRYP (18–25 years old) and their families were examined by clinical-psychopathological and social-psychological methods, various types of aggressive behavior were as criteria for investigation. Psychological health of families with extracting various types of upbringing was investigated as well. It was revealed that 48 people were brought up in full families with both parents, 15 - in deformed families with mother-in-law or father-in-law and 24 cases were brought up in incomplete family with one of the parent. 17 of them without father. All the families were characterized by conflict interactions, poor living level, low educational and intelligence status of parents. Systematic alcohol abuse was found out in 63 families, a criminal behavior - in 23 ones. The majority in upbringing were hypoprotection and neglecting with the violent attitude with physical punishment. In conclusion we can say that

conflict interaction in families? That included verbal and physical aggression among family members and wrong upbringing could be accepted as factors of risk in formation of aggression behavior at MRYP.

P01.36

THE INTERNET PATIENT HELP-LINE

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Development of new ways of communication is influencing psychiatry. The Internet can help in many ways. Since its conception, we have got used to looking for scientific material, looking for answers to our professional questions, and even holding scientific conferences. The Internet can also help our patients. Many patients don't get appropriate treatment, which could save their lives, because they don't get in touch with a specialist in time. The possibility of communicating with a psychiatrist without direct personal contact can be helpful for many patients who might not for different reasons receive treatment. The Internet Patient Help Line was established in March 1999. It can be found on our psychiatric department website. Since its opening, we have had over 22 questions concerning mostly sexuological and other psychiatric matters. The poster deals with the nature of those questions and their answers, shows one case report of a sexual disorder treated in this way and shows possible future development of this web page and the development of psychiatry on the Internet as a whole.

P01.37

SCHIZOPHRENIA MORBIDITY AND PREVALENCE IN RUSSIA

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The analysis of schizophrenia recorded morbidity in Russia in 1985–1999, carried by us, did not reveal its significant differences from world indices. Intensity index (by years) is within the limits of 13.2–20.8 per 100 000 in population. Besides, in this country index magnitude is greatly influenced by the system of psychiatric care and recording of mental patients, as well as by different diagnostic approaches in some regions of Russia. Urban population schizophrenia morbidity index (20.0 per 100 000) exceeded rural population schizophrenia morbidity index (13.3 per 100 000) 1.5 times. Rates of morbidity index increase in urban areas are 1.7 times higher than in rural regions. Statistically significant differences of schizophrenia morbidity indices between males and females have not been discovered. Thus, it was 20.1 per 100 000 males and 16.5 per 100 000 females. Analysis of schizophrenia morbidity indices in age groups shows that morbidity peak takes place at the age of 18–19 years, and minimum indices - in child and old age groups. In Russia the indices of recorded schizophrenia prevalence are within the limits of the world average sufficiently stable in their size and are annually equal to 404.6–420.2 per 100 000 in population. The recorded schizophrenia prevalence index in urban population (450 per 100 000) exceeded the similar index in rural population (316.0 per 100 000) 1.4 times. The recorded schizophrenia prevalence index in males (441.2 per 100 000) in this country exceeded to some extent the similar index in females (389.9 per 100 000). The analysis of recorded schizophrenia prevalence indices in age groups shows that they increase in the process of age growth and decrease (in connection with a smaller span of life in schizophrenics) in old age.

P01.38

HISTRIONIC SYMPTOMS IN THE PSYCHOPATHOLOGY OF THE GYPSIES: FACTORS THAT CONTRIBUTE TO THEIR MANIFESTATIONS

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Background: The gypsy ethnica constitutes a minority population, whose cultural characteristic has important influences in the psychopathological manifestations. The aim of study is to describe their psychopathology, the presence of histrionic symptoms, their influence in the stability of diagnosis, and determine factors that contribute to the manifestation of these histrionic symptoms.

Material and Methods: 38 gypsies patients were evaluated with a questionnaire that collected sociodemographic, clinical and diagnostic aspects; detailing the histrionic symptoms (CIE-10 classification). A descriptive and multivariate analysis study was carried out.

Results: The sociodemographics and clinical variables with the histrionic symptoms are in Tables. The 53% of patients presented histrionic symptoms, although in a 90% the main diagnosis were a more serious disorder (Schizophrenia, Mood disorders 42.6% or Substance-related disorders 28%). There was a change of diagnosis of neurotic or personality disorder to major affective disorder in 25%, although the symptoms came simultaneously in 94% of patients. These histrionic symptoms were present in all episodes of the illness in 78% of patients. Multivariate study: The histrionic symptoms was associated significantly with female gender, diagnosis of Mood Disorder, rural habitat, single state, and necessity of admission in Psychiatry.

Conclusions: The presence of histrionic symptoms in gypsies is high. These symptoms could mask more serious psychic disorder. Then it is important in order to a correct diagnosis to consider these sociodemographic and clinical aspects that influences in their manifestation. The histrionic symptoms conditionates the hospitalisation, since a 79% of patients with these symptoms are admitted.

P01.39

MENTAL DISORDER RISK FACTORS IN CHILDREN

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489 families with mentally ill children were examined. It was revealed that 59.0% of parents suffered from somatic and mental disorders. More than 52.0% of fathers and 48.0% of mothers have different mental deviation. If one of the parents suffered from alcohol abuse mental retardation was more often recorded in children (38.0% of cases). Children with mental retardation were twice more often born in patients with the same pathology (65.5% of cases). Half of the examined families with mentally retarded children in unsatisfactory and bad condition. In families, where parents suffered from different diseases, index of harmonious child upbringing was significantly lower (48.9%) than in families with healthy parents (70.0%). The examination proves the correlation between children's mental health state.